



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE

Captive Section
500 James Robertson Parkway
Nashville, Tennessee 37243
(615) 741-1670

Bill Haslam
Governor

Julie Mix McPeak
Commissioner

**Application For Authorization As An Independent Certified Public Accountant
For Captive Insurance Companies**

GENERAL APPLICANT INFORMATION

I, the undersigned, hereby apply for authorization as an independent certified public accountant to transact audits of captive insurance companies formed under Tenn. Code Ann. § 56-13-101 et seq., the Revised Tennessee Captive insurance Act.

1. Name of the Firm *

2. Firm Address

Address Line 1 (no P.O. Box)

Address Line 2 (no PO box):

Address Line 3 (no PO box):

City:

State:

Postal Code:

Country (other than USA/Canada):

Province (if Canada):

Telephone No.:*

Primary Extension

Secondary Contact Phone:

Secondary Extension

Fax:

E-mail Address:

3. Name of Firm Partner Making Application *

4. Education and Degrees: Please list those institutions from which you graduated.

Institution Type:

Institution Name: *

City:

State:

Degree:

Field of Study:

5. List your current certified public accountant (CPA) license information below.

State: *

Issue Date: *

License Number: *

6. Indicate, by specific dates, all insurance and/or captive auditing experience you have for the past 15 years.

Length of Time

Begin:*

End:*

Experience: *

7. List the Captive Account(s) you will be auditing.

8. Indicate your Present Chief Occupation.

Position/Title: *

Employment Period:

Address Line 1 (no P.O. Box)

Address Line 2 (no PO box):

Address Line 3 (no PO box):

City:

State:

Postal Code:

Country (other than USA/Canada):

Province (if Canada):

9. Have you ever been arrested, or indicted for and/or convicted of any crime or offense other than a minor traffic violation (e.g., speeding, parking ticket)? * ☐ Yes ☐ No

Please explain: *

10. Do you control directly or indirectly, or own legally or beneficially the outstanding stock of any insurers?

☐ Yes ☐ No

Please explain: *

11. Do you currently hold or have you ever held licenses relating to insurance? *

☐ Yes ☐ No

State	Issue Date	Expiration Date	Agency	Type	License No / Designation
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12. Have you ever had a license or privilege refused or revoked by any insurance regulatory agency? *

☐ Yes ☐ No

Please explain: *

13. Have you ever had a certified public accountant (CPA) license suspended, placed on probation, or revoked? *

☐ Yes ☐ No

Please explain: *

14. Will you assign captive accounting functions only to employees or individuals that have a minimum of two years insurance auditing experience? *

☐ Yes ☐ No

OTHER REQUIRED INFORMATION AND EXHIBITS

Attach the following documents and information to this application when submitted.

1. A copy of your resume or curriculum vitae;
2. A certified copy of any disciplinary orders issued involving you from any professional organization to which you belong;
3. Copies of all professional licenses you hold;
4. Copies of the resumes or curriculum vitae of all persons who would be employed or assigned auditing work by you; and

CERTIFICATION

I hereby certify and declare, under penalties of perjury:

1. That I have been authorized by the applicant management firm herein to complete this "Application for Placement on Approved Captive Insurer Management Firm List" (Application) and to make this certification and declaration;
2. That the information provided in this Application and the documents attached hereto and included as part of the application have been examined by me and are, to the best of my knowledge, information and belief, true, correct, and complete;
3. That I am aware that should investigation at any time disclose any such misrepresentation or false statement or information, my firm will be disqualified from further consideration for placement on the approved captive insurer management firm list;
4. That I authorize each of the references, associations or licensing or supervising agencies of state, federal or foreign governments to give the Utah Insurance Department any private or confidential information concerning the management firm that is applying for approval; and
5. That I release the Utah Insurance Department, its employees and authorized agents, or any other state, federal or foreign government agency that receives information requested as part of this application, from any civil or criminal liability arising under the Federal Rights and Privacy Act or other applicable State or laws of a foreign jurisdiction.

By typing my name in the indicated fields, I am agreeing to conduct business electronically with the State of Utah in accordance with the federal Electronic Signatures in Global and National Commerce Act (E-Sign), 15 U.S.C.A. §§ 7001-7031 (Supp. 2001). I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

Dated this ____ Day of _____, 20____

(Printed Name of Officer/Principal) *

(Signature of Officer/Principal) *